

Collectivising the Personal

Seminal lessons from Bolshevism

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There is a time-honoured principle and skill involved in all medical practice: we must be vigilant to those times when our interventions are making people ill, or iller. Ignoring this in public policy can cause exponential damage.

Unlikely co-examples? The USSR ninety years ago and our contemporary NHS governance.

It is a hundred years since Russia's Bolshevik Revolution, so in western Europe its trail of vast sufferings and menaced privations can now easily be dismissed as historical relics: nightmarish follies from a world and era very different to our own. Yet we should be cautious, and remember a timeless adage: if we do not learn from history, we are bound to repeat it.

Some would find it hard to believe there can be any serious resemblance between the systems of Soviet *anti-market* communism of the twentieth century and *compulsory marketisation* forces by neoliberalism in the twenty-first. Here are two widely spaced accounts that paradoxically converge.

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USSR late 1920s: grain for the people

Stalin, with his hallmark uncompromising resolve, was determined to industrialise and centralise his vast and now thrall'd empire. He saw this as essential to national survival: a Five Year Plan would corral and galvanise. This necessitated mass-migrations of rural populations to newly-planned, rapidly growing, factory-based cities. So this then meant that far fewer farm workers would have to produce a much larger crop-yield: *greater efficiency*. They would achieve this by being *collectivised*. Small land-owning farms would be merged, under State control, and work with otherwise unaffordable machinery (eg tractors). The State's requirements would be clearly prescribed: provision would be tightly managed.



The results were very different from this official plan: in fact the output declined massively and tragically. Understanding what, why and how this happened can be very instructive for us now.

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Collectivisation's fatal flaw was its disregard of motivational or social psychology. The Plan did not heed what gave poor small farmers' lives work-satisfaction, dignity, belonging and meaning: the very smallness of their tended lands and communities enabled a sense of autonomous pride, familiarity, identification and easy fraternalism. High levels of motivation and productive work emerged from these endogenously.

By contrast, the state-directed giant collectives coerced a very different *modus operandi*. Farmers were immediately displaced, disempowered, disinvested and thus alienated from their more natural communities and their satisfactions of self-management.



Hitherto, despite their lack of modern technology, those small farmers had been efficiently productive: they were reliably self-sufficient and could sell much surplus yield. So this naturally evolved atomised market of small players worked well: notably there were no famines.

Collectivisation quickly led to a resistant disintegration: many farmers initially objected, but they remained unheard so they then refused to cooperate. Stalin, never one to be openly defied, ordered immediate deportations, beatings, destruction of homesteads and mass-shootings. Farmers' doomed resistance became suicidal. The now unprecedentedly meagre crops were immediately confiscated from the farmers, who then starved. Vast famine areas hosted the death of millions. Deliberate human destruction on this scale had no precedent: its 'peacetime' context only added to the perverse catastrophe.



Accurate knowledge of these terrifying reforms remained confined and obscured for six decades: until the USSR's collapse. The little description that leaked out was quickly attributed by the Soviet authorities to misreporting, conspiratorial untruth or to the peasant workers themselves: their self-serving and devious greed had returned them merely retributive and ruinous justice, and the henceforth despised collective term: *Kulaks*.

Stalin's USSR continued a similar trajectory for another twenty-five years, frightened into obedience by two more Five Year Plans. Did they succeed? On one level, yes.

Stalin's cravenly industrialised monster-state was able to match, and then defeat, Nazism – a kind of kindred behemoth. Churchill commented, with ambivalent admiration, that Stalin's regime entered a Russia equipped with wooden ploughs and left it with nuclear weapons – a miserably totalitarian superpower.

And the price the citizens paid for the 'progress'? Millions lost their lives. Millions more – if that can be imagined – lost a life of health, trust, sanity, community and family. Witness accounts are now dwindling with extreme old age. Longer-shadowed memories live on less directly, less consciously and epigenetically.

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England late 2010s: healthcare for the people

For thirty years our mother-of-democracies has pedalled, advised and advertised a very different ideology: *neoliberalism* – the *market* will best decide what people want and need; it should be made compulsory. Competitive free markets serving customer choice and investment will then not only rouse entrepreneurial spirit and intelligence, but financially incentivise the workers. Yes, some people can become much richer than others, but that contentious objection is countered by efficiency enhancements and – most important – marketisation acts in the greater interest of the population by avoiding the kind of deadening and dangerous centralising control so starkly enacted by Stalin's market-hating communism.

Geared to our best technology and industrialisation this social-economic approach – neoliberalism – can guide and define almost all our wants and needs, not just our consumer objects and experiences but also our welfare – how we care for one another...

That is the theory: that our Welfare can thrive best when based on such market-based principles, especially when these are safeguarded by governmental quality assurance and inspection. This, in outline, has been the increasingly ratcheted plan for our Welfare services vaunted by successive governments over the last three decades. This is particularly true of our NHS.

The plan sounds all good, surely? So how has it worked out? Well, as with the Bolshevik Five Year Plan, the results depart far from the intent. Neither the practitioners, nor the public, nor the essential finances are behaving as they should. Mercifully our democratically-mannered government does not respond to these discrepancies with the violent, often homicidal, rhetoric of the communists. But elsewhere the mechanisms and events unleashed by our market-mandated and industrialising governance have some remarkable similarities.

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How have neoliberalism and our many industrialised reforms damaged welfare services? It is here that we need to understand three devices that have propelled and steered our 'modernisation': *marketisation*, *REMIC* and *Gigantism*. Each of these need some brief notes of definition and comment:

1. **Marketisation.** *Intention:* to deliver health services according to patient choice; to financially incentivise practitioners' performance and entrepreneurial innovation; to improve services by competitive commissioning.
Unintended consequences: 'cherry-picking' by providers for short-term commitments and profits – gaming the system; replacement of colleagueial

cooperation by commercial competition; enormous bureaucratic and legal costs to commissioning and contracting – consequent losses of funds for practitioners, together with losses of trusting fraternalism and morale. Many of these problems are then accentuated by a fundamental market hazard: the tendency to ever-larger mergers and corporations whose eventual size and power becomes, in effect, a controlling monopoly. Perversely the ‘market’ then loses any possible beneficence and resembles more an irresistible totalitarian state. (Contrast this with the Kulaks’ small-scale, atomised commerce which worked well, and without the hazard of monopolistic power and centralisation.)

2. **REMIC** (remote management, inspection and compliance). *Description and intention.* This refers to all governmental devices that attempt to ensure safety, competence and probity in and between the increasingly marketised services. These ‘watchdog’ functions are pursued by centralised agencies which, largely by complex IT programs, issue practitioners with evermore detailed service requirements, and then methods of surveillance to ensure compliance.

Unintended consequences: Fostering of an increasingly procedural tick-box culture of submissive compliance. Emphasis more on short-term control rather than longer-term understanding. Loss of core skills, interest and engagements in favour of demonstrating institutional compliance. Consequent displacement of vocation by corporation. Growth of mistrust, blame and anxious insecurity; conversely, loss of fraternal colleagueial cooperation, trust and supportive networks. Intimidated and demoralised alienation of staff with inevitable morbidities and losses.

3. **Gigantism.** *Description and intention:* This is similar to manufacturing industries and retail: whenever they can they will 'scale up' to expedite centralised control, mass production, standardisation and economies of logistics, administration and resources. There has been an equivalent adoption of Gigantism throughout the NHS.

Unintended consequences: The plan-driven, poorly judged closure of smaller units – hospitals and GP surgeries, for example – usually leads to similar difficulties produced by REMIC (see 2, above). Generally, personal understandings, trust and good personal bonds develop best in smaller units that offer stability and thus familiarity – this is true both in colleagueial interactions and in pastoral healthcare: the *doctor-patient relationship*. The converse is true of very large institutions: the personal is often sacrificed to the procedural. The hazards, too, are similar to REMIC: anxious demoralisation in a lonely crowd.

So these three bulwarks of neoliberal markets and modernisations in our NHS are all there to service an ideology avowedly opposed to the erstwhile monolith of the market-destroying Soviet communism. Yet, paradoxically, both ideologies seem to share some of the same hazards.

How is this now working out?

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At the time of writing, not at all well.

The flaws of marketisation, REMIC and Gigantism are becoming ever-more evident and the promises more elusive. There has been much recent media coverage of the restive, destabilising discontent among nurses, junior doctors and GPs. Hundreds of stories have emerged of their mounting and unheeded frustrations. They frequently describe a procedurally ratcheting compliance culture which demands unrealistic targets served by diminishing resources. All this is overseen by a frequently punitive and micromanaging surveillance regime that is experienced as unmovably remote, or itself paralysed by some uber-management. No wonder such healthcareers express exhausted demoralisation. What else could we expect from people attempting very difficult work – both technically and humanly – who feel so little personal recognition, understanding or supportive colleagueiality yet are very aware of omnipresent devices for their surveillance, control or elimination?

Yet thirty years ago these same professions were very different: they had keen recruitment, high morale and peaceful work relationships and satisfaction. This was true despite working-hours often being longer and pay no better. It seems clear that our difficulties lie largely in the nature of our now-institutionalised relationships and how this has changed the nature of the work.

Metaphorically, our good-enough (and often much better) *family* has been sacrificed to an alienating and sternly mistrustful *factory*.



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Several months ago the junior doctors again challenged the government about the lack of funding for the NHS, to provide the kind of service the government is now *demanding*, by decree. The government countered this with a slew of doubtful statistics 'proving' an increase of real funding over demand. But the Health Secretary did not stop there: he attacked. No, he said, the apparent shortage of funds is a mendacious distraction: the *real* problem is the doctors' inefficiency, their resistance to progress, their self-serving and sly greed. The Kulaks, alone, are to blame for any famine!

What received little mention in this insurrection-interruptus was how the modern reforms themselves have become a major source of financial inviability. The cumulative effect often gains momentum by successive reforms often amplifying the flaws of previous reforms. For example, the administrative and legal complexity of merely running the NHS market is enormous, yet rarely with any clear or enduring benefit. REMIC then multiplies both the economic and human costs. The result? A procedurally dense culture that erodes professional trust, cooperation, morale and autonomous intelligence and will ultimately lose far more of value than it can create. Unless we are very careful Gigantism will merely scale up such follies.

And here we find another historical equivalent to the legacy of Bolshevism: for much of the USSR's habitual poverty was inescapable from the enormous expense of the State's ubiquitous surveillance and repression. Defending the existence and reputation of unviable government ideologies usually becomes economically and humanly crippling. That is true, whether it is Bolshevism or unmitigated neoliberalism.

Meanwhile what do we see?

With unprecedented frequency healthcareers are burning out, dropping out, getting out or being taken out – often the equivalents of professional suicide or execution. Those that remain suffer a variety of dysthymias (mostly stoically), or self-palliate with drugs and alcohol (when stoicism runs out). Such breakdowns are, increasingly, the harbingers of that most tragic response to the unendurable: personal suicide.

And, of course, such a milieu must affect the quality of any care we may give. If we cannot find our own headspace or heartspace, what can we find for others? How many patients now are likely to see a Family Doctor who will offer a relationship of growing personal understanding? How many know the name of the hospital specialist they last saw? These last two questions may seem trivial, but the answers signify much else: the increasing and unviable human-relationship famine in our health service.

Even if the technology holds up, and even if we can find the right money (for a while), this famine will continue ... until we realise and understand that many of our tribulations are due to our specious, often draconian, reforms. The cure has become the illness: a remarkable achievement for a health service.

So the harsher the regime – the more uncompromising and regulated we make our behaviour and surveillance – the worse it will get.

Hopefully we can learn faster than the Bolsheviks.

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